

NEVADA GAMING COMMISSION  
ANNUAL LICENSE FEE REPORT  
for the issuance or renewal of a  
**MANUFACTURER OF INTERACTIVE  
GAMING SYSTEMS LICENSE**

Period Covered: \_\_\_\_\_

Filing Deadline: \_\_\_\_\_

Account No., Name, Address, Zip Code

Account No.:		Check
Legal Name:		Number
Trade Name:		Batch
Address:		Number
City, State, Zip:		Entry
		Date
Please correct if in error		

### Instructions

- A. This form is for the use of MANUFACTURERS of INTERACTIVE GAMING SYSTEMS only (NRS 463.760).
- B. All licenses shall be issued for a 1-year period that begins on the date the license is issued. The fees charged and collected under the provisions of NRS 463.760 shall be those fees fixed as an annual license fee for a manufacturer of interactive gaming systems.
- C. For the issuance or renewal of a manufacturer of interactive gaming systems the Nevada Gaming Commission shall charge and collect from each applicant the following:  
     Initial license -- \$125,000  
     Renewal license -- \$25,000

If you have any questions, please contact the State Gaming Control Board, Tax and License Division.

Line 1.	Application for the issuance or renewal of a Manufacturer of Interactive Gaming Systems: Initial license for a 1-year period (\$125,000) Renewal license for a 1-year period (\$25,000)	\$ _____
Line 2.	Penalty for late payment NRS 463.270 (5): Enter number of days late: _____	
	A. Less than 10 days late: \$1,000.00	_____
	B. Ten or more days late: \$5,000.00	_____
Line 3.	<b>TOTAL AMOUNT DUE</b> [Total of lines 1 and 2A or 2B]	<b>\$ _____</b>

Please make remittance payable to: NEVADA GAMING COMMISSION

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

I, \_\_\_\_\_ certify and declare under the penalties of perjury that I am the  
 \_\_\_\_\_ of the business named above; that this is a true, correct and complete report  
 (Owner, Partner, President, Treasurer, Other-describe)  
 to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and  
 consent of all other individuals licensed.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Person to contact regarding this report: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**